

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584345

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				3		
102				①		
103				①		
104				①		
105				①		
106				①		
107				①		
108				①		
109				①		
110				①		
111				①		
112				①		
113			1			
114			1			
115			1			
116			1			
117				①		
118				1		
119				①		
120				①		
121				①		
122				①		
123				①		
124				①		
125				①		
126				①		
127			1			
128				1		
129				1		
130				3		
131			1			
132			1			
133			1			
134			1			
135			1			
136			1			
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150						
TOTAL IND.		↓	12	↓		↓
TOTAL DEP.		←	34	←		←
TOTAL CLAIMS			46			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
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200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						